



EL SEGUNDO EDUCATIONAL FOUNDATION

POST OFFICE BOX 591 EL SEGUNDO, CA 90245 (310) 615-2650, Ext. 229

Biennial Fundraiser Monday, February 25

SPONSORSHIP OPPORTUNITIES

Title Sponsors - \$5,000 ~~SOLD OUT!~~

Your company name/logo will be represented throughout the event. Benefits will include:

- Company Name/logo will be prominently displayed at the entrance to the event
- Company Name/logo will be featured on the cover page of the event program
- 10 Event Tickets
- Private reserved seating for 10
- Signage displayed throughout the event
- A full page ad in the event program
- Acknowledgement on the ESEF web site
- Acknowledgement in a thank you ad in the El Segundo Herald
- Acknowledgement in the ESEF 2007-2008 Annual Report

Event Sponsors - \$2,500 each

Benefits include:

- Half-page ad in the event program
- Six event tickets
- Private reserved seating for six
- Signage displayed throughout the event
- Acknowledgement on the ESEF web site
- Acknowledgement in a thank you ad in the El Segundo Herald
- Acknowledgement in the ESEF 2007-2008 Annual Report

Beverage Sponsors - \$1,000 each

Benefits include:

- One-third page ad in the event program
- Acknowledgement on the ESEF on the ESEF web site
- Acknowledgement in a thank you ad in the El Segundo Herald
- Acknowledgement in the ESEF 2007-2008 Annual Report

Auction Sponsors - \$500

Benefits include:

- Company name will be listed in the event program
- Acknowledgement on the ESEF on the ESEF web site
- Acknowledgement in a thank you ad in the El Segundo Herald
- Acknowledgement in the ESEF 2007-2008 Annual Report



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SPONSORSHIP FORM

- Title Sponsor - \$5,000 – **Sold Out!**
- Event Sponsor -\$2,500
- Beverage Sponsor - \$1,000
- Auction Sponsor - \$500

To confirm your sponsorship, please complete this form and return it with your check (Payable to the El Segundo Educational Foundation) or fax the completed form with your credit card information to (310) 374-3219:

El Segundo Educational Foundation
P.O. Box 591
El Segundo, CA 90245

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

I would like to pay by credit card in the amount of \$_____

- Visa
- MasterCard
- AMEX

Credit Card # _____

Expiration date: _____

Name on Card: _____

For more information, please contact us at:

Voicemail: 310/615-2650 x229
Email: info@elsegundoedfoundation.org.

Thank You for Your Support!